

Division FM-D - Judge James E. Kallaher, Circuit Court

CHECKLIST FOR PATERNITY CASES AND MODIFICATIONS

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_ -DR- \_\_\_\_\_ DIVISION: FM-D

NOTICE OF RELATED CASES FILED: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

NOITICE OF TODAY’S HEARING SERVED AND FILED: \_\_\_\_\_ Yes \_\_\_\_\_ No

WAIVER OF APPEARANCE AT FINAL HEARING FILED: \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Pet \_\_\_\_\_ Resp

RESIDENCY EVIDENCE:

- \_\_\_\_\_ FL Drivers License / FL Photo ID card issued more than 6 months prior to filing of Petition or CP
- \_\_\_\_\_ Photo copy of FL Driver’s License / FL Photo ID for filing
- \_\_\_\_\_ FL Drivers License/ FL Photo I.D. issued on \_\_\_\_\_
- \_\_\_\_\_ Affidavit of Residency signed by Witness and Notarized
- \_\_\_\_\_ FL Voter Registration Card issued on \_\_\_\_\_
- \_\_\_\_\_ Testimony of party regarding residency

DO THE PARTIES HAVE MINOR CHILDREN? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, PLEASE MARK:

UNIFORM CHILD CUSTODY JURISDICTION ACT AFFIDAVIT FILED BY:

- \_\_\_\_\_ Wife’s \_\_\_\_\_ Petitioner
- \_\_\_\_\_ Husband’s \_\_\_\_\_ Respondent

GUIDELINE CHILD SUPPORT WORKSHEET FILED: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Child Support match Guideline Worksheet (preferably DPA): \_\_\_\_\_ Yes \_\_\_\_\_ No

DOMESTIC RELATIONS DEPOSITORY INFORMATION FORM: Completed and Filed \_\_\_\_\_ Yes \_\_\_\_\_ No

FINANCIAL AFFIDAVITS FILED: \_\_\_\_\_ Husband’s \_\_\_\_\_ Wife’s \_\_\_\_\_ Petitioner’s \_\_\_\_\_ Respondent’s

ALIMONY WORKSHEET FILED: (showing gross, deductions, net for each party) (prefer DPA) \_\_\_\_\_ Yes \_\_\_\_\_ No

PARENTING CLASS CERTIFICATE OF COMPLETION FILED:

- \_\_\_\_\_ Wife’s \_\_\_\_\_ Petitioner’s
- \_\_\_\_\_ Husband’s \_\_\_\_\_ Respondent’s

Martial Settlement Agreement signed by both parties: \_\_\_\_\_ Yes \_\_\_\_\_ No

Consent Final Judgment or other Consent Order signed by both parties: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any of the following issues in any way involved in this action? Yes or No

- \_\_\_\_\_ Dependency \_\_\_\_\_ Child Sexual Abuse \_\_\_\_\_ Domestic Violence
- \_\_\_\_\_ Mental Health \_\_\_\_\_ Substance Abuse

I, the undersigned attorney, do hereby certify that I have personally reviewed the above court file and that the above relevant pleadings and documents are contained in the court file or will be presented to the Court with this form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Print Attorney Name

Appearances \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

Attorneys For \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

PLEASE DOCKET THIS COMPLETED FORM